

INFORMATIONAL INTERVIEW QUESTIONNAIRE

Name _____ Official Title _____

Date Interviewed _____ Employer _____

Years in Present Position _____

1. What are your activities and responsibilities on the job? _____

2. What is your typical day like? _____

3. What do you like best about your job? Why? _____

4. What do you like least about your job? Why? _____

5. How and by who are work decisions made that affect you? _____

6. How much influence do you have over decisions that affect you? _____

7. Does your work affect your social life? How? _____

8. What do you find most difficult about your job? _____

9. What part of the job would you change if you could? _____

10. What sort of person do you have to be to be really good at this job? _____

11. How did you decide to enter this field? _____

12. What steps did you take to enter this field? _____

13. Where do you expect to go from here? _____

14. Is there any specific advice you would give someone entering this field? _____

15. Can you tell me what the physical requirements are for the job? _____

16. Is this a stressful job? If so, please explain. _____

17. Do you know what the starting wage is for this occupation? _____

18. Other questions related to special interest or concerns. _____

19. Can you suggest names of other people I might speak with in this field? _____

General Comments: _____
